DATE

Division of Administrative Law Appeals

14 Summer Street, 4th Floor

Malden, MA 02148

 Re: Client Name; Town of \_\_\_\_\_\_ Department of Veterans Services;

State Case No. \_\_\_\_\_\_

Dear Sir or Madam:

This letter serves as \_\_\_\_\_\_\_\_\_\_’s notice of appeal to the Division of Administrative Law Appeals regarding the Massachusetts Department of Veterans’ Services fair hearing decision dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Thank you.

Very truly yours,

NAME

NUMBER

Encl.

CC: Town of \_\_\_\_\_\_\_\_\_ Department of Veterans Services

 By U.S. Mail

 Commonwealth of Massachusetts

Department of Veterans’ Services

600 Washington Street, 7th Floor

Boston, MA 02111

By U.S. Mail

 CLIENT NAME

 CLIENT ADDRESS